

point out a success story that appeared in the Lincoln Journal Star.

I ask unanimous consent that this article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Lincoln Journal Star, June 23, 1999]

READING SCORES RISE AGAIN

(By Joanne Young)

Right before his eyes, Steven Hladik saw his daughter's life change.

"She's just happy. She went from being a sad little girl to totally loving life," Hladik said of his third youngest child, Nikyle, 6.

He attributes the change to Reading Recovery, one program Lincoln Public Schools has used to improve first-graders' reading skills. A dramatic decline over 15 years in reading scores of elementary- and middle-school students prompted LPS to focus on bringing those scores up.

Metropolitan Achievement Test reading scores are up for the second straight year for grades 2-8, according to a report to the Lincoln Board of Education. This snapshot of 1999 achievement showed that since 1997, second-graders have improved 16 percent. Third-graders are up 12 percent, fourth- and fifth-graders up 8 percent. Only ninth-grade scores have held about the same.

Math scores, which had declined along with reading scores, are up in all grades, with six of eight grades working at 70 percent or better of their peers nationwide.

LPS Associate Superintendent Marilyn Moore delivered the good news Tuesday at a school board meeting.

Board member Shirley Doan said the improvements came because of commitment by teachers, principals and students.

"I think we have giants standing on the shoulders of giants here," Doan said. "Can we do it again? It would be very unusual, but I think we can."

About the same number of students were tested in 1998 and 1999. More special education and English as a Second Language students were given accommodations this year, such as more test time and help with instructions. But a second analysis of '98 and '99 scores that excluded all special education and ESL students verified that scores improved, Moore said.

Leslie Lukin, LPS assessment specialist, pointed to several reasons for the reading improvement: Teachers have changed the way they teach reading in kindergarten through third grade, with different teaching plans for each grade. They also are familiarizing students with the format and type of questions on the achievement tests.

But Reading Recovery may have produced the most dramatic results.

Aimed at the 20 percent of first graders having the hardest time learning to read, the program offers one-on-one help with letters, sounds, sentence structure and reading methods. Kids spend half an hour a day with Reading Recovery teachers and special books. Then they read at home with parents.

Jeanette Tiwarld, the LPS Reading Recovery teacher leader said Reading Recovery builds on children's strengths—what they already know—to accelerate their learning and improve their confidence.

The number of children in the program have gone up as more teachers have taken the rigorous Reading Recovery training and more schools have added the curriculum. In the 1994 school year, 78 children passed through the full program. Last year, the number jumped to 527.

Questionnaires from parents of this year's Reading Recovery students sang the praises

of the program. Their children were much more confident, they said, far happier after catching up with their schoolmates in reading.

For Nikyle, it was a godsend.

She had changed schools three times in kindergarten, just as she was starting to learn, because her mom and dad were splitting up, her dad said. She started first grade at McPhee Elementary and then when her father got custody of her and three brothers and sisters, she moved to Calvert Elementary.

All the while, because of everything going on in his own life, Steven, Hladik didn't realize the effect on Nikyle. She was being in learning, and she was miserable.

"She hated to go to school. It was hard to get her up and make her go," her father said. "She was insecure and really quite."

Now she loves school. And her confidence has soared.

Not only has her reading improved so have her math and other subjects, her friendships, her self-esteem.

She's making sure what happened to her doesn't happen to her 4-year-old sister, Stephanie.

"Every night she sits and reads books to her," her father said.

Mr. KERREY. Mr. President, this is about the success of a Federally funded program that was implemented by heroic people in Lincoln, NE—they include principals, schoolteachers, and the Lincoln school board. I am talking about Title I. One of the reasons I talk about it a great deal is that, in Nebraska, there are 17,000 students that are eligible for Title I, but because we don't appropriate enough money, they are not funded. They don't get the benefits of this kind of effort.

What this article talks about is a program called Reading Recovery that has been implemented in the Lincoln public school system over the last 3 years—and it's a very rigorous program. The teachers had to train themselves; they had to make a commitment to acquire the skills necessary to implement this program. The article starts off with a parent talking about the exhilaration of seeing his daughter learn how to read and make progress—be successful, in other words. What they have done is quite remarkable. It needs to be observed because citizens need to know that success indeed is possible.

Second graders have improved their reading scores 16 percent; third graders, 12 percent; fourth and fifth graders are up 8 percent. These are dramatic increases. They have achieved the increases by starting at a very early age, using Title I moneys, using this Reading Recovery program, and going after young people who are at risk, who are falling behind, who have come into the school system without these reading skills.

They have said if you want to lift the overall test scores, quite correctly, you have to help those who are most likely to fail if we don't intervene. That is what Title I is. It is not the Federal Government telling these local schools what to do. We recently passed an Ed-Flex bill that provided increased flexibility. I support that. But unless we

provide resources, it is impossible for local heroes to take the money and make something of it.

I will point out, in addition to the necessity of an early effort, an additional challenge we face. It's explained in one little paragraph here. Those of us born in 1943 sort of remember schools in the 1950s and 1960s and think, gee, why can't we do it the way we did it? Things have changed. In this article, one little paragraph says the following about this young girl who was given the benefit of this program:

She had changed schools three times in kindergarten, just as she was starting to learn, because her mom and dad were splitting up, her dad said.

She ended up caught in the middle of a custody battle, a transfer occurred, and as a consequence of the transfer, she fell behind. That is what happened. What Title I enabled her to do was catch up. It is quite a miraculous thing that happened as a consequence, as I said, of significant local commitment and the help of teachers who trained themselves and a principal who was committed. One of the principals is Deann Currin at Elliott Elementary. The Lincoln school board supported Reading Recovery. They used title I money. Again, it is not the Federal Government telling them what to do, but providing them the resources.

I regret to say that in Nebraska, there are 17,000 children eligible for Title I programs that simply are not able to benefit because we are not providing a sufficient amount of resources. I yield the floor.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

CHILDREN AND EDUCATION

Mr. WELLSTONE. Mr. President, first of all, I thank Senator KERREY for talking about children and education. It is truly a good news/bad news story. The good news is we have heroes and heroines right in our own communities that, with these resources, can really give children a chance to develop their full potential. If there is anything we should do as a Senate, it is to make sure each child has that chance. The bad news is, I say to my colleague, in Minnesota so many students could be helped, but we don't have the resources. There are schools in Minnesota with up to a 65-student population that don't receive a cent because by the time it is allocated in the cities, the schools aren't eligible, and those kids don't receive the help. It is just as big an issue in rural areas.

Mr. KERREY. Mr. President, this is not a situation where we don't know what to do. This is a situation where there is an answer and we simply are not doing it.

Mr. WELLSTONE. That is correct. This is really just harping on the complexity of it all is the ultimate simplification. We know what to do, and it

has worked. We need to make more of a commitment.

Mr. THOMAS addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming.

UNANIMOUS CONSENT AGREEMENT

Mr. THOMAS. Mr. President, I ask unanimous consent to follow Senator CLELAND for 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

PATIENTS' BILL OF RIGHTS

Mr. WELLSTONE. Mr. President, my understanding is that we have not reached an agreement with my colleagues on the other side of the aisle about how we can have a serious, substantive, and important debate about health care, about patient protection in our country. The latest proposal as I understand it from the Republicans basically would amount to Democrats having an opportunity to maybe introduce four amendments. That would be it. Again, I challenge my colleagues on the other side of the aisle, as I said yesterday, to debate this.

The evidence is irrefutable and irreducible: When it comes to who is covered, the Republican plan covers 48 million people, the Democratic plan covers 163 million people. That is a huge difference.

Republicans argue that we rely on States for the coverage, once we deal with what is called the ERISA problem. Our argument is that a child, a family, regardless of where the child lives, where the family lives—be it Mississippi or Minnesota—ought to have some protection. People ought to have the right, or the assurance, that if their child has a serious illness, they will be able to have access to the best care. That assurance for a family should extend to all citizens in our country. It shouldn't be based upon what different States decide or where a family lives.

I repeat, 163 million people with some protection versus 48 million people. It is no wonder my colleagues on the other side of the aisle don't want to debate patient protection.

In the Health Committee, where we wrote this bill, I had an amendment that dealt with the Republican "gag" clause. This amendment would prohibit retaliation by a health plan when a doctor advocates for a patient. There were two parts: First, it said that plans can't penalize doctors who advocate for patients during an appeal process; and, second, it protected licensed and certified health care professionals from retaliation if they reported some problems with the actual quality of care being provided in a hospital or by a plan. Presenting this information to a regulatory authority or private accreditation organization is called whistleblower protection. This amendment was defeated, I think, on an 10-8 vote.

It is no wonder the Republicans in the Senate don't want to debate patient protection.

The front page story today says doctors are going to unionize. The American Medical Association announces doctors are going to unionize. No wonder, when doctors don't have protection if they advocate for a patient during an appeal process, when one of these managed care plans, owned by one these insurance companies practicing bottom-line medicine, and the bottom line is the only line, and the plan decides the patient is not going to be able to see a pediatrician who specializes in oncology.

If a child is ill with cancer and that family makes an appeal, if the doctor is there for that family and says, yes, that child needs to see this expert, there is no protection in the Republican plan. There is no whistleblower protection for doctors who say, I have to speak out, I have to say this plan, or this hospital, is not providing the kind of care that people deserve. I don't blame my Republican colleagues for not wanting to debate patient protection.

This chart shows whether or not you will have guaranteed access to specialists. The Republican plan has a little bit of access; the Democrats' plan makes it clear that people will have access.

When it gets to the question of who is going to define medical necessity—that is a critical issue—we make it clear that the provider defines medical necessity, not a 1-800 number you call where you have utilization review by people not necessarily qualified, working for insurance companies that are just trying to keep costs down.

When it comes to the issue of choice of doctor, points-of-service option, being able to find a doctor outside your plan, and making sure your child who needs to see that doctor can see that doctor, we are clear: Families should have that option. The Republican plan doesn't support that. No wonder they don't want to debate.

When it comes to whistleblower protection for providers who advocate for their patients to make sure they don't lose their jobs, the Republican plan doesn't provide the protection. The Democrat plan does. No wonder my colleagues don't want to debate.

When it comes to the concerns and circumstances of women's lives vis-à-vis a health care system that has not been terribly sensitive and responsive to women, or with special emphasis on children and access to pediatric services, or making sure that people who struggle with mental health problems or substance abuse problems are not "defined" out and are not discriminated against, I don't see the protection in the Republican plan. We try to make sure there is that protection.

These are two plans, two proposals, two pieces of legislation where the differences make a difference.

I say one more time to my Republican colleagues, I have been trying to

engage people in debate for 2 days. I will yield for any Senator who wants to debate, on my time, so I can ask questions. That is what we should be about. The Senate should be about deliberation and debate. It shouldn't be about delay and delay and delay and delay.

It may be that we will not get the patient protection legislation on the floor today, Thursday, but we will get this legislation on the floor. We will continue to bring up these problems that the people we represent have with this health care system right now. We will continue as Senators to advocate for families, to advocate for consumers, to advocate for children, to advocate for women, to advocate for good health care for people.

If I had my way, the Democratic Party would be out here on the floor also calling for universal health care coverage. We will get there. At the very minimum, let's make sure there is decent protection for consumers.

I say to my colleagues, I have carefully examined your patient protection act. I think it is the insurance company protection act. We went through this in committee. We went through the debate in committee. I see a piece of legislation that pretends to provide protection for people, but once we have the debate and once we get into specifics, I think people in the country are going to be furious. They will say, don't present us with a piece of legislation with a great title and a great acronym that has no teeth in it, that has no enforcement in it, and that will not provide the protection we need.

That is why the majority party, the Republican Party in the Senate, doesn't want to debate this. Republicans in the Senate right now—I hope this will change—do not want to have to come to the floor and debate amendments. They don't want to have to argue why they don't cover a third of the eligible people. They don't want to have to argue why they don't want to make sure families have access to specialized services. They don't want to argue why they don't want to provide doctors with whistleblower protection. They don't want to argue a whole lot of issues that deal with patient protection.

When you want to debate is when you really believe you are right. When you want to debate is when you really think you have a piece of legislation that will lead to the improvement of lives of people. When you want to debate is when you have a piece of legislation that is consistent with the words you speak and you know you are not trying to fool anybody; you know it is authentic; you know it is real.

When you don't want to debate, I say to my Republican colleagues, is when you have a whole set of propositions you cannot defend. When you don't want to debate is when you know in the light of day, with real debate, with people challenging you, you can't defend your proposal. When you don't want to debate is when you are worried